

No. C 158249		Due no later than Jan 31, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. LONG TERM CARE PLANNING, INC KRISTIN M KOSKELLA 5203 W SILVERLAKE LANE BOISE ID 83703		KRISTIN KOSKELLA 3468 N WHISTLER LANE #208 BOISE ID 83703			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	KRISTIN M KOSKELLA	5203 W SILVERLAKE LANE	BOISE	ID	USA	83703	
SECRETARY	FLOYD A LOOMIS	5203 W SILVERLAKE LANE	BOISE	ID	USA	83703	
DIRECTOR	AMELIA B LOOMIS	5901 ELLENS FERRY DR	BOISE	ID	USA	83703	
5. Organized Under the Laws of: ID C 158249		6. Annual Report must be signed.* Signature: Kristin Koskella Name (type or print): Kristin Koskella Date: 01/24/2011 Title: President					
Processed 01/24/2011		* Electronically provided signatures are accepted as original signatures.					